

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010358

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

239

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 29 1963

1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN COLUMBIALength of stay in 1b
4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY SALINE

c. CITY OR TOWN MARSHALL

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION
University of Mo. Medical Center

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

169 S. ELLSWORTH

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

MARY

Middle

LAKIN BARNES

Last

4. DATE OF DEATH

Month

Day

Year

MARCH

25

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-18-71

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

SALINE CO. MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

James Henry Lakin

13b. MOTHER'S MAIDEN NAME

Susan J. McCallister

14. NAME OF HUSBAND OR WIFE

Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Medical Records Columbia, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

CARDIAC ARREST

INTERVAL BETWEEN

ONSET AND DEATH

Same

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CARDIOVASCULAR COLLAPSE

Same

DUE TO (c)

Generalized cardiovascular arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

FRACTURED RIGHT HIP

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell at home

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

3-20-63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

HOME

20f. CITY, TOWN, OR LOCATION

MARSHALL

COUNTY

SALINE

STATE

MISSOURI

21. I attended the deceased from 3-21-63

to 3-25-63

and last saw her

him alive on 3-25-63 - 9:15 a.m.

Death occurred at 9:15 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Georgette J. Lakin MD

22b. ADDRESS

Univ. of Mo. Med. Ctr. Columbia Mo.

22c. DATE SIGNED

3/25/63

23a. BURIAL, CREMATION
REMOVAL (Specify)

Burial

23b. DATE

3-27-1963

23c. NAME OF CEMETERY OR CREMATORY

Nagel Green Cemetery

23d. LOCATION (City, town, or county)

Marshall, Saline Co. - Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lynn Sprunkel, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

March 26 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Richard A. Seaves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.